


SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (See instructions on page 9) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 10)	EPA ID Number L I A D I 0 1 0 1 5 1 1 3 1 6 1 0 1 2 1 3		
3. Site Name (page 10)	Name: METZELER		
4. Site Location Information (page 10)	Street Address: 3200 Main Street City, Town, or Village: Keokuk State: Iowa County Name: Lee Zip Code: 52632		
5. Site Land Type (page 10)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 10)	A. 326291	B.	C.
7. Site Mailing Address (page 11)	Street or P. O. Box: 3200 Main Street City, Town, or Village: Keokuk State: Iowa Country: Lee		Zip Code: 52632  463878 RCRA RECORDS
8. Site Contact Person (page 11)	First Name: Greg	MI: M	Last Name: Holtke
9. Operator and Legal Owner of the Site (pages 11 and 12)	A. Name of Site's Operator: Metzeler		Date Became Operator (mm/dd/yyyy): April 2000
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner:		Date Became Owner (mm/dd/yyyy):
	Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

08 FEB 2006

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RESP

9. Legal Owner (Continued) Address	Street or P. O. Box:	
	City, Town, or Village:	
	State:	
	Country:	Zip Code:

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 13 to 16.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or

☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or

☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous WasteY ☐ N ☒ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☒ 2. Transporter of Hazardous Waste

Y ☐ N ☒ 3. Treater, Storer, or Disposer of
Hazardous Waste (at your site) Note:
A hazardous waste permit is required for
this activity.

Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your site)Y ☐ N ☒ 5. Exempt Boiler and/or Industrial Furnace

If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner
Exemption

☐ b. Smelting, Melting, and Refining
Furnace Exemption

Y ☐ N ☒ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter

If "Yes", mark each that applies.

☐ a. Transporter
☐ b. Transfer Facility

Y ☐ N ☒ 2. Used Oil Processor and/or Re-refiner

If "Yes", mark each that applies.

☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☒ 3. Off-Specification Used Oil BurnerY ☐ N ☒ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 17.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D005	D022	D035	D038	D039
F003	F005					


B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 17.)

[illegible]

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(See instructions on page 17.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	General Mgr, Shawn McAfee	1-31-06

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Metzeler AutomotiveEPA ID NO: I A D 0 0 5 1 3 6 0 2 3**FORM
GM**

2005 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1	A. Waste description waste chemicals			
B. EPA hazardous waste code <u>D 1 0 1 0 1 1</u> <u>D 1 0 0 1 2</u> <u>F 0 0 3</u> <u>F 0 0 5</u> <u>D 0 2 2</u> D028		C. State hazardous waste code _____		
D. Source code <u>G 0 7</u> Management Method code for Source code G25 <u>H</u> _____		E. Form code <u>W</u> _____	F. Quantity generated in 2005 _____ <u>2 5</u> <u>7</u> <u>1</u> . _____	
		G. UOM <input type="checkbox"/> Density _____. ____ <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg		

Sec. 2	Was any of this waste managed on site? (pages 24 and 25)	
	<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method code <u>H</u> _____	Quantity treated, disposed, or recycled on site in 2005 _____	On-site Management Method code <u>H</u> _____
		Quantity treated, disposed, or recycled on site in 2005 _____

Sec. 3	A. Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling? (pages 25 and 26)		
	<input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <u>M d d 1 0 5 1 4 1 0 1 1 8 1 2 8 1 8</u>	C. Off-site Management Method code Shipped to <u>H 0 1 5 1 0</u>	D. Total quantity shipped in 2005 _____ <u>9 3</u> <u>5</u> . _____
Site 2	B. EPA ID No. of facility to which waste was shipped _____	C. Off-site Management Method code Shipped to <u>H</u> _____	D. Total quantity shipped in 2005 _____
Site 3	B. EPA ID No. of facility to which waste was shipped _____	C. Off-site Management Method code Shipped to <u>H</u> _____	D. Total quantity shipped in 2005 _____

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Metzeler AutomotiveEPA ID NO: IAD 005136 023**FORM
GM****U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2005 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description waste chemicalsB. EPA hazardous waste code D1011 D1002

C. State hazardous waste code

D. Source code

G11

Management Method code for Source code G25

H

E. Form code

w1105

F. Quantity generated in 2005

2571

G. UOM

☐

Density

1.1☐ lbs/gal ☐ sg**Sec. 2** Was any of this waste managed on site? (pages 24 and 25)☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)☒ 2 No (SKIP TO SEC. 3)**ON-SITE PROCESS SYSTEM 1**On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2005H1111111111**ON-SITE PROCESS SYSTEM 2**On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2005H1111111111**Sec. 3** A. Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling? (pages 25 and 26)
☐ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste
was shippedw11d 9818 51810 101516C. Off-site Management Method
code Shipped toH10611

D. Total quantity shipped in 2005

1111111161316

Site 2

B. EPA ID No. of facility to which waste
was shipped1111111111C. Off-site Management Method
code Shipped toH1111

D. Total quantity shipped in 2005

1111111111

Site 3

B. EPA ID No. of facility to which waste
was shipped1111111111C. Off-site Management Method
code Shipped toH1111

D. Total quantity shipped in 2005

1111111111

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: Metzeler Automotive

EPA ID NO: IAD 005 136 023

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2005 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description waste combustable liquid parts washer solvent primarily
petroleum naphtha mixture

B. EPA hazardous waste code D039

C. State hazardous waste code

D. Source code G01
Management Method code for Source code G25
H

E. Form code W101

F. Quantity generated in 2005 1316

G. UOM lb
Density 7
lbs/gal sg

Sec. 2 Was any of this waste managed on site? (pages 24 and 25)

- ☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management Method code
Quantity treated, disposed, or recycled on site in 2005
H

ON-SITE PROCESS SYSTEM 2

On-site Management Method code
Quantity treated, disposed, or recycled on site in 2005
H

Sec. 3 A. Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling? (pages 25 and 26)

- ☐ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code Shipped to	D. Total quantity shipped in 2005
Site 1	IAD 022365480	H061	1316
Site 2		H	
Site 3		H	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Metzeler AutomotiveEPA ID NO: IAD 005136 023**FORM
GM**

2005 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1	A. Waste description <u>Ignitable solvent to clean silicone equipment and spent coating primarily toluene</u>			
B. EPA hazardous waste code <u>D1001 D10105</u>		C. State hazardous waste code		
D. Source code <u>G07</u> Management Method code for Source code G25		E. Form code <u>w219</u>	F. Quantity generated in 2005 <u>506</u>	
G. UOM <u>lb</u> Density <u>8</u> <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg				

Sec. 2	Was any of this waste managed on site? (pages 24 and 25)			
<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)				
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2005	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2005	
<u>H</u>	<u>1</u>	<u>H</u>	<u>1</u>	

Sec. 3	A. Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling? (pages 25 and 26)			
<input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility to which waste was shipped <u>M0D054 018288</u>	C. Off-site Management Method code Shipped to <u>H101510</u>	D. Total quantity shipped in 2005 <u>506</u>	
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code Shipped to	D. Total quantity shipped in 2005	
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code Shipped to	D. Total quantity shipped in 2005	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Metzeler AutomotiveEPA ID NO: I A D 0 0 5 1 3 6 0 2 3**FORM
GM**

2005 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description Ignitable spent solvent-primarily toluene & Mek adhesiveB. EPA hazardous waste code D 1 0 1 D 1 0 1 3 5
F 0 0 5

C. State hazardous waste code

D. Source code

G 1 0 1 7

Management Method code for Source code G25

H

E. Form code

w 2 1 1 9

F. Quantity generated in 2005

4 5 9 8

G. UOM

l

Density

8☒ lbs/gal ☐ sg**Sec. 2** Was any of this waste managed on site? (pages 24 and 25)☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)☒ 2 No (SKIP TO SEC. 3)**ON-SITE PROCESS SYSTEM 1**On-site Management
Method codeHQuantity treated, disposed, or
recycled on site in 20054 5 9 8**ON-SITE PROCESS SYSTEM 2**On-site Management
Method codeHQuantity treated, disposed, or
recycled on site in 20054 5 9 8**Sec. 3** A. Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling? (pages 25 and 26)☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste
was shippedW 1 1 D 9 1 8 1 8 1 5 1 8 0 1 0 5 1 6C. Off-site Management Method
code Shipped toH 1 0 1 6 1

D. Total quantity shipped in 2005

4 5 9 8

Site 2

B. EPA ID No. of facility to which waste
was shippedC. Off-site Management Method
code Shipped toH

D. Total quantity shipped in 2005

Site 3

B. EPA ID No. of facility to which waste
was shippedC. Off-site Management Method
code Shipped toH

D. Total quantity shipped in 2005

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Metzeler AutomotiveEPA ID NO: 1A D 0 0 5 1 3 6 0 2 3U.S. ENVIRONMENTAL
PROTECTION AGENCY

2005 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1	A. Waste description <u>waste paint</u>			
B. EPA hazardous waste code <u>D 0 0 1</u>		C. State hazardous waste code		
D. Source code <u>G 0 6</u> Management Method code for Source code G25		E. Form code <u>W 2 0 9</u>	F. Quantity generated in 2005 <u>1 2 8 8</u>	
G. UOM <u>l</u> Density <u>8</u> <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg				

Sec. 2	Was any of this waste managed on site? (pages 24 and 25)			
<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)				
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2005	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2005	
<u>H</u>	<u>1 2 8 8</u>	<u>H</u>	<u>1 2 8 8</u>	

Sec. 3	A. Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling? (pages 25 and 26)			
<input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility to which waste was shipped <u>M 0 D 0 5 4 0 1 8 2 8 8</u>	C. Off-site Management Method code Shipped to <u>H 0 5 0</u>	D. Total quantity shipped in 2005 <u>1 2 8 8</u>	
Site 2	B. EPA ID No. of facility to which waste was shipped <u></u>	C. Off-site Management Method code Shipped to <u>H</u>	D. Total quantity shipped in 2005 <u></u>	
Site 3	B. EPA ID No. of facility to which waste was shipped <u></u>	C. Off-site Management Method code Shipped to <u>H</u>	D. Total quantity shipped in 2005 <u></u>	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: Metzeler AutomotiveEPA ID NO: 111A1D1 1010151 1113161 1012131**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2005 Hazardous Waste Report

**FORM
OI****OFF-SITE
IDENTIFICATION**

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>WI</u> <u>98</u> <u>8</u> <u>5</u> <u>8</u> <u>0</u> <u>0</u> <u>5</u> <u>6</u>	B. Name of off-site installation or transporter <u>Badger</u>
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street <u>5611 Hemlock Street</u> City <u>Milwaukee</u> State <u>WI</u> Zip <u>53223</u> - <u> </u>	
Site 2	A. EPA ID No. of off-site installation or transporter <u>WI</u> <u>10</u> <u>00</u> <u>0</u> <u>1</u> <u>2</u> <u>2</u> <u>3</u> <u>5</u> <u>8</u>	B. Name of off-site installation or transporter <u>AAA Envrionmental Industries</u>
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street <u>3240 West Elm Road</u> City <u>Franklin</u> State <u>WI</u> Zip <u>53113</u> - <u> </u>	
Site 3	A. EPA ID No. of off-site installation or transporter <u>MO</u> <u>0</u> <u>54</u> <u>0</u> <u>1</u> <u>8</u> <u>2</u> <u>8</u> <u>8</u>	B. Name of off-site installation or transporter <u>Continental Cement Company</u>
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street <u>10107 Highway 79 South</u> City <u>Hannibal</u> State <u>MO</u> Zip <u>63401</u> - <u> </u>	
Site 4	A. EPA ID No. of off-site installation or transporter <u>IL</u> <u>R</u> <u>0</u> <u>00</u> <u>0</u> <u>1</u> <u>9</u> <u>5</u> <u>8</u> <u>8</u>	B. Name of off-site installation or transporter <u>Envirovac Waste Transport Systems</u>
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street <u>526 West Reid Street</u> City <u>Jacksonville</u> State <u>IL</u> Zip <u>62650</u> - <u> </u>	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: MetzelerEPA ID NO: I A D 0 0 5 1 3 6 0 2 3**U.S. ENVIRONMENTAL
PROTECTION AGENCY****2005 Hazardous Waste Report****FORM
OI****OFF-SITE
IDENTIFICATION**

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>I A D 0 0 5 1 3 6 0 2 3</u>	B. Name of off-site installation or transporter <u>Northland Products Company</u>
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	
D. Address of off-site installation Street <u>1000 Rainbow Drive</u> City <u>Waterloo</u> State <u>I A</u> Zip <u>5 0 7 0 4</u>		

Site 2	A. EPA ID No. of off-site installation or transporter <u>I A D 0 0 5 1 3 6 0 2 3</u>	B. Name of off-site installation or transporter <u>Northland Products Company</u>
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	
D. Address of off-site installation Street <u>1000 Rainbow Drive</u> City <u>Waterloo</u> State <u>I A</u> Zip <u>5 0 7 0 4</u>		

Site 3	A. EPA ID No. of off-site installation or transporter [] [] [] [] [] [] [] [] [] []	B. Name of off-site installation or transporter
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	
D. Address of off-site installation Street _____ City _____ State [] [] Zip [] [] [] [] [] []		

Site 4	A. EPA ID No. of off-site installation or transporter [] [] [] [] [] [] [] [] [] []	B. Name of off-site installation or transporter
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	
D. Address of off-site installation Street _____ City _____ State [] [] Zip [] [] [] [] [] []		

Comments: